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RYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (When decessed lived, If institution Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. MARYLAND TOWN (if outside corporate limits, outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give afreet address) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Day DECEASED OF (Type or print) DEATH GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED ANEVER MARRIED -Months Hours WIDOWED [USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (Yes, no, or tryown) (If yes give wer or detas of service) 18. CAYSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ACUTE PUL MONDEN PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (e) DUE TO MYOCARDIAL INSUFFICIENCY Conditions, if eny, which gava rise to immadiate cause DUE TO (a), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? as o NO N 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 1960, to ///. De ō ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS LA MAR (State CEMETERY OR CREMATO OCATION (City Sown or county) 23d. 25 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATURE DATE MAR 2 3 '62 arthur S. France

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
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03979

1. PLACE OF DEATH O. COUNTY WOrcester MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b					Maryland Worcester						
RURAL and give nearest town)			/ -	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Pocomoke City 2 Hours				1	42 Pocomoke City							
OR INSTITUTION					ADDRESS	. 7	04		e. IS RESIDENCE ON A FARM?			
	et Street				515 MS	alnut	Street	,	YES	□ NO 🔀		
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE OF DEATH	Mon		Day	Year		
(Type or print)	WILLI		н.	TRAD	ER		Mar			1962		
S. SEX		7. MARRI	ED MEVER MARRIED			9	9. AGE (In years lost birthdoy)		YEAR IF UN	1		
Male	White	WIDOWE	D DIVORCED	Feb.	11,190	01	61 yrs.	Months	Days Hou	rs Min.		
10a. USUAL OCCUPATIO	ON (Give kind of work a	done 10b. F	CIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	IPLACE (Stote	or foreign cou	untry)	12.CITIZ	EN OF WHA	TCOUNTRY?		
	h Operato		Telegraph		Marv:	land			USA			
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N			100				
Charles	Bowen Tra	der			Corne:	lia A	lice Ta	wes				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 1	7. INFORMANT					omoke	City		
Yes, no. or unknown)	(If yes, give wor or dates of s	ervice) 57	7-09-4676 M	rs Kath	rvn Me	cMast	er Trad					
	ATH Enter only one co		T.	220022	- J	011000	02 12 00		INTERVAL			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Company Throughout a country.									ONSET AND DEATH		
1/1 10	IMMEDIATE CAUSE (o) COTOMATY INTOMIDOSIS, acute Seconds											
ナム	Conditions, if ony, which) (b) Coronary Atherosclerosis, chronic vears											
Conditions, if o	mmediate) 00	oronary Atne.	roscieros	513, cn	ronic			year	S		
couse (o), stoting			with 3 prior									
lying couse lost.) (c		pertensive C						year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Generalized Atherosclerosis, chronic, severe 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								PERFORMED?				
20a. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter notur	e of injury in I	Port I or Port	II of item 18.)					
(IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)											
3 20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. IN	JURY OCCURRED 20e.	PLACE OF INJUR	Y (Home, form	, 20f. (City	or town)	(C	ounty)	(Stote)		
20c. TIME OF INJUR	19	While of work	Not while of work	foctory, street, of	fice bldg., etc.	.)						
	. (I) (ship home tag				10		THE LOCK	10	4h = 1 /1	\		
			ed the deceased fra									
22 SIGNATURE	sea alive an ma	-10	19_62, and the	at death accur	red av 14	AVI, TROMPA	the causes ar	an the	date stat	22b. DATE		
The state of the s	ATTENDING MED. STAFF SIGNED											
22c. PHYSICIAN'S	Jun o w	102	1 1	M.D. PHYS. 22d. AD		RECTOR [PHTS.					
NAME (Type)	M To Combon	-1	To W D									
	N.E.Sarton			2000	Marke	t St.,	Pocomok	e Cit				
230. BURIAL, CREMATIC			23c. NAME OF CEMETER				ION (City, town,	,,		itote)		
24, 141	7-13-0	2	Bethany	methodi			moke C:			and		
23 FUNERAL DIRECTOR	SUBNITURE	- I	ADDRESS			D BY REGISTE		STRAR'S SIC				
Trong	Tuals	e XCho	comoke Ci	ty, Md	DATE	1 4 '62	Clu	1 4 2. 9	wans.			

STATE OF THE STATE HILL THE RESERVE TO SAULT BE THE

W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S RTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY NOR es. MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE NAME QE HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month DECEASED PDEATH (Type or print) S. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR 15. SEX may 7 lest birthdey) Months Days Hours 8 5 m and 72 1 WIDOWED [DIVORCED [USUAL QCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during moy of working fife, even if retired) 125US URIVER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORM (Yes, np, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN long ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Thrombosis of Coronary Artery Unknown Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying Arteriosclerotic Heart Disease cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 Over exertion due to the big storm of March 7, 62. NO P 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. m Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection D Inquiry and in my opinion Undetermined manner death resulted from: Natural causes M Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED should be for FUNERAL. SIGNATURE PNA NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR TRAMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. REMOVAL (Specify) EDERKLSBURG 0 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Cirting & House 5M 7/59

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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI	ND						
FOR STATE	03983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0398	1						
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If institution, Residence before the COUNTY to STATE	re admission)						
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fun fun fan Stat	3. NAME OF Last 4. DATE Month Day OF OF	Year						
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iie Per	HUDERT WORTH LINE SCOTT							
for for eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes Ino or punkown) (If yes give war or detes of service) 214-36-5258 Uss Evalue & Worth (W fe) R 1 Derlies	M.						
ed year	700	200111001						
or in the sit of the s		ND DEATH						
alor ren and	IMMEDIATE CAUSE (a) / / / MU N 5/ / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V / N V							
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work work work work work work work work	Mental depression, acute	A NO LI						
Med Med Al, cal, cal, cal	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Part I or Part II of itam 18.) PRIMARY OF CAUSE OF DEATH.							
ing ief buri		(State)						
write of to	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Hour a.m. While Not While at work at work at work							
th. th.	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and in my	v opinion						
t, p	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner							
SEC SEC	CHIEF MEDICAL EXAMINER							
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is de	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliry, lown, or country)	(Stete)						
940 g	Burial Mar. 25, 1962 Wicomico Memorial Park Salisbury, Maryland	-						
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE							
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